

<p align="center">DEPARTMENT FOR MH/MR SERVICES</p> <p align="center">POLICIES AND PROCEDURES STANDARDS OF OPERATIONS</p>	<p>Policy Number</p> <p align="center">DMHMRS 04-05</p>	<p>Total Pages</p> <p align="center">3</p>
	<p>Date Issued</p> <p>March 28, 2005</p>	<p>Effective Date</p> <p>April 1, 2005</p>
<p>References</p> <p>KRS 194A.025, 194A.050, 194A.060, 209.010 209.020, 209.030, 209.100, 209.140, 620.010, 620.020, 620.023, 620.030 908 KAR 2:060 § 164.502, 164.510, 164.512</p>	<p>Subject</p> <p>Incident Report Management</p>	

Statement of Policy and Purpose

It shall be the policy of the Department for Mental Health and Mental Retardation Services (DMHMRS) to provide guidelines to service providers, for response and appropriate notification of extraordinary occurrences. And, to ensure that DMHMRS is properly informed of incidents, that appropriate action is taken and documentation is maintained.

Procedure

- A. Each area of service, within DMHMRS, shall establish an incident management protocol. The service areas shall be identified as the following:
 1. Mental Health Services
 2. IMPACT Plus Services
 3. Driving Under the Influence (DUI) Programs
 4. Brain Injury Services
 5. Substance Abuse Programs
 6. Mental Retardation/Developmental Disabilities Services
 7. State contracted, owned, operated or managed facilities

- B. DMHMRS shall establish and implement a Risk Management Committee. The Quality Assurance Branch shall chair the committee with additional members appointed at the

Policy Number	Issue Date	Effective Date	Page
DMHMRS 04-05	March 28, 2005	April 1, 2005	2 OF 3

Commissioner's discretion. The duties and responsibilities of the Risk Management Committee shall include:

1. Serve as an advisory group to the Commissioner or his designee, with regard to client related extraordinary occurrences.
 2. Review the incident management protocol for each service area.
 3. Provide, in writing, any recommendations to the Commissioner or his designee with regard to incident management protocol.
 4. Conduct regularly scheduled meetings, with a prepared agenda, to review any issues or concerns related to extraordinary occurrences.
 5. Disseminate minutes and any reports regarding the findings or resolutions of the committee.
- C. An incident management protocol should be individualized to the needs of each service area and its recipients. Each protocol shall be approved by the Commissioner or his designee. Copies of each protocol shall be maintained by the Quality Assurance Branch and disseminated, by each service area, to appropriate staff and appropriate stakeholders. The protocol should, at a minimum, address the following:
1. Classification of incidents.
 2. Reporting and Notification procedures.
 3. Reporting and Notification timelines.
 4. Follow up procedures.
 5. Investigations.
 6. Monitoring and tracking.
 7. Training issues.
- D. The Quality Assurance Branch shall be responsible to schedule incident investigation training for DMHMRS staff. Staff shall be required to complete this training prior to conducting an investigation.
- E. Information, reports and names of any informants shall be kept confidential. Information and reports, generated by DMHMRS that may be released to persons outside DMHMRS shall be limited to:

Policy Number	Issue Date	Effective Date	Page
DMHMRS 04-05	March 28, 2005	April 1, 2005	3 OF 3

1. Department or Cabinet officials with responsibility in the incident.
2. Medical, psychological or social service agencies or law enforcement agencies with legitimate interest in the incident.
3. Court ordered release of information.
4. The alleged victim of abuse, neglect or exploitation.

The minimum necessary rule for releasing information shall apply. The minimum necessary shall be the amount and type needed to accomplish the intended purpose of the use, disclosure or request.

- F. This policy shall be reviewed and revised as necessary.